

STATE OF HAWAII DEPARTMENT OF HEALTH WASTERWATER BRANCH  
**RECYCLED WATER APPLICATION FORM: TEMPORARY R-1 USE**

If recycled water is to be applied over a restricted or conditional area, stop & contact the DOH.

**A. APPLICANT INFORMATION**

|          |                          |
|----------|--------------------------|
| Name:    | Street, City & Zip Code: |
| Title:   | Phone Number:            |
| Company: | Email Address:           |

**B. PROJECT INFORMATION**

|                              |   |
|------------------------------|---|
| Project:                     | Property Owner's Name:                    |
| Site Description or Address: | Property Owner's Street, City & Zip Code: |
|                              | Property Owner's Phone Number:            |
| Project Tax Map Key:         | Property Owner's Email Address:           |

**C. WASTEWATER RECLAMATION FACILITY SUPPLYING R-1:**

---

**D. R-1 USE (Select below)**

- ☐ Dust control
- ☐ Temporary irrigation & erosion stabilization
- ☐ Sewer line flushing
- ☐ Sewer line pressure testing
- ☐ Other – Describe:

|  |                                    |
|--|------------------------------------|
| Area, if for temporary irrigation (acres): | Estimated Water Use (gpd):         |
| Date when R-1 use expected to start:       | Date when R-1 use expected to end: |

Methods to minimize public/worker contact w/ recycled water or mist:

STATE OF HAWAII DEPARTMENT OF HEALTH WASTEWATER BRANCH  
**RECYCLED WATER APPLICATION FORM: TEMPORARY R-1 USE**

Attach map showing:

- Boundaries of areas where recycled water is to be used;
- Names of surrounding properties; and
- Names of roads and structures adjacent to irrigated area.

**E. APPLICANT CERTIFICATION**

I certify that the information provided is true and complete to the best of my knowledge and belief; that applicable BMPs will be implemented; and that compliance with *HAR, Chapter 11-21, Backflow Prevention Devices; Water System Standards, Volume I*; and *Owner Responsibility* (Section J of the Guidelines) will be maintained.

|                               |                          |
|-------------------------------|--------------------------|
| Name of Responsible Official: | Street, City & Zip Code: |
| Title:                        | Phone Number:            |
| Company:                      | Email Address:           |
| Signature & Date:             |                          |

**F. APPLICATION SUBMITTAL**

1. Submit application form and map via mail, email or both.
2. Mail to: Wastewater Branch, 919 Ala Moana Blvd. #309, Honolulu, HI 96814  
Email to: [april.matsumura@doh.hawaii.gov](mailto:april.matsumura@doh.hawaii.gov)